

<i>SERFF Tracking Number:</i>	<i>NALF-128199187</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of the Southwest</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>S0309</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Application- New Section</i>		
<i>Project Name/Number:</i>	<i>Application- New Section/S0309</i>		

## Filing at a Glance

Company: Life Insurance Company of the Southwest

Product Name: Application- New Section

SERFF Tr Num: NALF-128199187 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Accepted State Tr Num:

For Informational Purposes

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: S0309

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Junan Boldrey, Dionne Wills

Disposition Date: 03/28/2012

Date Submitted: 03/23/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Application- New Section

Status of Filing in Domicile: Authorized

Project Number: S0309

Date Approved in Domicile: 03/09/2012

Requested Filing Mode: Informational

Domicile Status Comments: Approved in domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/28/2012

State Status Changed: 03/28/2012

Deemer Date:

Created By: Dionne Wills

Submitted By: Dionne Wills

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Department of Insurance

Annuity Application, Form No. 7909

Informational Filing. This Annuity Application was approved on 04/30/2001. As noted in the original submission, new content required by new products or other conditions would be presented in an informational filing rather than requiring the filing of new applications. Enclosed is a copy of a new premium section, S0309, which has been created for this

SERFF Tracking Number: NALF-128199187 State: Arkansas

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Product Name: Application- New Section

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product

"Section 3 - Premium"- This section will be used as our standard option for policy forms that have multi-accounts and multi-indices. This option will be used with our flexible premium indexed annuity products. This section will not replace any of the previously approved sections.

Statement of Variability: A Statement of Variability disclosing the application section elements that are bracketed is enclosed.

## Company and Contact

### Filing Contact Information

Junan Boldrey, Manager, Policy Filings, jboldrey@nationallife.com  
 Retirement Division  
 15455 North Dallas Parkway 800-543-3794 [Phone] 9316 [Ext]  
 Suite 800 214-638-9196 [FAX]  
 Addison, TX 75001

### Filing Company Information

Life Insurance Company of the Southwest CoCode: 65528 State of Domicile: Texas  
 15455 Dallas Parkway Group Code: 634 Company Type:  
 Suite 800 Group Name: National Life Group State ID Number: 1117  
 Addison, TX 75001 FEIN Number: 75-0953004  
 (214) 638-9316 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: Domicile filing fee is 50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of the Southwest	\$50.00	03/23/2012	57424607

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Product Name:	Application- New Section		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		03/28/2012	03/28/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Sample Application	Dionne Wills	03/23/2012	03/23/2012

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<i>Filing Company:</i>	<i>Life Insurance Company of the Southwest</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>S0309</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Application- New Section</i>		
<i>Project Name/Number:</i>	<i>Application- New Section/S0309</i>		

## Disposition

Disposition Date: 03/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALF-128199187</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>S0309</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Application- New Section</i>		
<i>Project Name/Number:</i>	<i>Application- New Section/S0309</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Sample Application		Yes
<b>Form</b>	Section 3 - Premium		Yes

SERFF Tracking Number: NALF-128199187 State: Arkansas  
Filing Company: Life Insurance Company of the Southwest State Tracking Number:  
Company Tracking Number: S0309  
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Product Name: Application- New Section  
Project Name/Number: Application- New Section/S0309

**Amendment Letter**

Submitted Date: 03/23/2012

**Comments:**

Added a sample application under Supporting Documents.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Sample Application**

Comment:

Flex 5 Sample App.pdf

SERFF Tracking Number:	NALF-128199187	State:	Arkansas
Filing Company:	Life Insurance Company of the Southwest	State Tracking Number:	
Company Tracking Number:	S0309		
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Product Name:	Application- New Section		
Project Name/Number:	Application- New Section/S0309		

## Form Schedule

Lead Form Number: S0309

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	S0309	Application/ Section 3 - Premium Enrollment Form	Initial		47.700	S0309.pdf

Section III – Premium

So309

Planned Premium	Amount Paid with Application	Rollover/Transfer (Approximate)

Payable How?   ☐ Salary Reduction/Deduction   ☐ Pre-Authorized Check Plan   ☐ Direct (Check)   ☐ Transfer/1035

First Premium To Be Made (m/d/yyyy)

Payable How Often?

☐ Bi-Weekly   ☐ Monthly   ☐ Semi-Monthly   ☐ Quarterly  
☐ Semi-Annually   ☐ Annually   ☐ Single   ☐ Other\_\_\_\_\_

Special Instructions for Future Billing Change

Salary Reduction Only: Check Months to Skip Payments:

☐ Jan   ☐ Feb   ☐ Mar   ☐ Apr   ☐ May   ☐ Jun  
☐ Jul   ☐ Aug   ☐ Sep   ☐ Oct   ☐ Nov   ☐ Dec

Premium Allocation(s) - Must be whole numbers and sum to 100%.		Standard	Initial single sum
[(007)]	Declared Interest Account	%	%
[(003)]	S&P 500 Ending Index	%	%
[(005)]	S&P 500 Average Index	%	%
[(XXX)]	[Index Name] [Index Method]	%	%
[(XXX)]	[Index Name] [Index Method]	%	%
[(XXX)]	[Index Name] [Index Method]	%	%
[(XXX)]	[Index Name] [Index Method]	%	%
		100%	100%



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Product Name: Application- New Section  
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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A- New application section. Previously approved application flesch score is over 50.9.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
We will use previously approved application 7909, approved in Arkansas on April 30, 2001.		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> N/A- application filing		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		
S0309 SOV Final.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Sample Application		
<b>Comments:</b>		
<b>Attachment:</b>		
Flex 5 Sample App.pdf		

## STATEMENT OF VARIABILITY FOR APP SECTION S0309

Section Name	Section Number	Option Number	Description	Option Name (Internal Use Only)
Premium	III	S0309	<p><u>Variables for the optional types of Indexed Interest Accounts for premium allocation:</u></p> <p>Variables for the Index Name:</p> <ul style="list-style-type: none"> <li>▪ Russell 2000</li> <li>▪ Any widely published, unambiguous, measurable composite index with a stable market for options</li> </ul> <p>Variables for the Index Method:</p> <ul style="list-style-type: none"> <li>▪ Ending Index</li> <li>▪ Average Index</li> </ul> <p>The possible combinations of other indices and index crediting methods results in many different optional types of Indexed Interest Accounts. While LSW will have the flexibility to have many different types of Indexed Interest Accounts, LSW anticipates not listing any more than 6 different types of Indexed Interest Accounts in this application section.</p> <p>At launch LSW anticipates listing four types of interest accounts in this application section:</p> <ul style="list-style-type: none"> <li>▪ Declared Interest Account</li> <li>▪ S&amp;P 500 Ending Index</li> <li>▪ S&amp;P 500 Average Index</li> <li>▪ Russell 2000 Ending Index</li> </ul> <p>The system fund numbers such as (003), (005), and (007), are for <i>internal usage only</i>. The information is entered into administrative systems by fund number instead of by name. The range of fund numbers = (001) to (999).</p>	Flexible Premium Multi-Indices Multi-Accounts

# APPLICATION FOR ANNUITY

Life Insurance Company of the Southwest (LSW)

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604-5555

Customer Relations 800-732-8939

## Section I – Owner/Joint Owner/Annuitant

S0105

Owner's Name	SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address	City	County	State	Zip Code
Home Phone Number	Home Fax Number	Home e-mail Address		
Annuitant's Name (if different from Owner)	SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address	City	County	State	Zip Code
Home Phone Number	Home Fax Number	Home e-mail Address		
Joint Owner's Name (if applicable, non-qualified only)	SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
Home Address	City	County	State	Zip Code
Home Phone Number	Home Fax Number	Home e-mail Address		
Employer	Work e-mail Address			
Work Address	City	County	State	Zip Code
Work Phone Number	Work Fax Number	Occupation or Job Title	Hire Date (m/d/yy)	Annual Salary

## Section II – Beneficiary

S0202

Primary Beneficiary	Relationship	Social Security Number	DOB (m/d/yy)	Share
1)				%
2)				%
Contingent Beneficiary	Relationship	Social Security Number	DOB (m/d/yy)	Share
1)				%
2)				%

## Section III – Premium

S0309

Planned Premium	Amount Paid with Application	Rollover/Transfer (Approximate)	
<b>Payable How?</b> <input type="checkbox"/> Salary Reduction/Deduction <input type="checkbox"/> Pre-Authorized Check Plan <input type="checkbox"/> Direct (Check) <input type="checkbox"/> Transfer/1035			
First Premium To Be Made (m/d/yyyy)			
<b>Payable How Often?</b>			
<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly			
<input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Single <input type="checkbox"/> Other_____			
Special Instructions for Future Billing Change			
<b>Salary Reduction Only:</b> Check Months to Skip Payments:			
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun			
<input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
<b>Premium Allocation(s) - Must be whole numbers and sum to 100%.</b>			
		Standard	Initial single sum
[(007)]	Declared Interest Account		
[(003)]	S&P 500 Ending Index		
[(005)]	S&P 500 Average Index		
[(XXX)]	[Index Name][Index Method]		
[(XXX)]	[Index Name][Index Method]		
[(XXX)]	[Index Name][Index Method]		
[(XXX)]	[Index Name][Index Method]		
		100%	100%

## Section IV – Plan Selected

So403

☒ Flex 5

## Section V – Plan Qualification

So504

☐ 403 (b) TSA ☐ ERISA 403(b) ☐ ROTH 403(b) ☐ IRA ☐ ROTH IRA ☐ SIMPLE IRA ☐ Pension/Profit Sharing  
☐ IRA Rollover ☐ Non-Qualified ☐ 412(i) ☐ 401(k) ☐ SEP ☐ Other (specify) \_\_\_\_\_

## Section VI – Existing Insurance

So602

Do you, the applicant, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

☐ Yes ☐ No      Applicant's Initials \_\_\_\_\_

Do you, the agent, know that replacement of existing life insurance or an existing annuity is or may be involved in the purchase of this annuity?

☐ Yes ☐ No      Agent's Initials \_\_\_\_\_

If the answer to either or both questions is yes, you must complete the appropriate replacement and exchange forms. However, if your state has adopted the NAIC Model Regulations for replacements, you must complete the appropriate forms regardless of your answers to the above questions. Please refer to LSW's "2630-Required States Forms" to determine the form(s) needed.

## Section VII – Remarks

So701

## Section VIII – For Home Office Endorsement Only

So801

(Not applicable in Pennsylvania, West Virginia or New Hampshire)

## Section IX – Fraud Warnings and Notices

So901

**DC/LA/MD/RI** – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FL – Notice:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **KY/ME/OH** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **NJ – Notice:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**AR/NM/PA – Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **OR/VA** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. **WA** – It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## Section X – Acknowledgments

S1003

The Annuitant and the Owner, if other than the Annuitant; (1) represents, to the best of their knowledge and belief, that all statements and answers contained herein are full, complete and true as written and are correctly recorded; and, (2) expressly agrees as follows:

1. This application and the answers and agreements contained herein shall be the basis of, a part of the consideration for and a part of the annuity hereby applied for.
2. The payment of premium constitutes consideration to the Company for the granting of an annuity and upon payment becomes the absolute property of the Company.
3. If proof of age is not given with this application, the Annuitant(s) will furnish the Company with such proof before annuity payments begin.
4. The annuity applied for shall take effect on the date the premium is received by the Company in its Home Office. The SecurePlus single premium deferred annuities shall take effect on the 7th, 14th, 21st or 28th of the month following or coincident with the date the premium is received by the Company in its Home Office.
5. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions. The acceptance of any annuity issued on this application shall constitute acceptance and ratification of the beneficiary designation, if any, in such annuity and of any amendments contemplated above except that no change shall be made in the plan of annuity or benefits without the written acceptance of the Annuitant(s) or of the Owner if other than the Annuitant(s).

**Wg: Under the penalties of perjury, I certify that: (1)** the number shown on this application is my correct taxpayer identification number; **(2)** the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and **(3)** I am a U.S. person (including a U.S. resident alien). **You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.**

## Section XI – Signature and Agent Information

S1102

Dated at (city/state) \_\_\_\_\_ on (month/day/year) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Annuitant (if different from Owner) \_\_\_\_\_

Signature of Joint Owner (if applicable) \_\_\_\_\_

To the best of my knowledge, a replacement ☐ is ☐ is not involved in this transaction. (Agent to check box.) Florida License ID No. \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Soliciting Agent (print) \_\_\_\_\_ Agent No. \_\_\_\_\_ Percent \_\_\_\_\_

Agent Phone Number \_\_\_\_\_ Other Agent (print) \_\_\_\_\_ Agent No. \_\_\_\_\_ Percent \_\_\_\_\_

## Section XII – Disclosure Information

S1202

I have received a copy of the disclosure material and understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises or warranties.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made statements that differ from this material nor have I made any promises about the expected future equity values of this contract.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_